

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1950

7221  
State File No. 593

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>593</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Wellston</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>Wellston</b>		4310	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6202 Suburbon Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>6202 Suburbon Avenue</b>			
3. NAME OF DECEASED (Type or Print) <b>Georgia</b>		a. (First) _____		b. (Middle) _____		c. (Last) <b>Walker</b>	
4. DATE OF DEATH <b>3-1-1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>9-14-1885</b>		9. AGE (In years last birthday) <b>64</b>		10. MONTHS <b>5</b>		11. DAYS <b>14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Aberdeen Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Lewis Franklin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Sykes</b>		14. NAME OF HUSBAND OR WIFE <b>James Walker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>James Walker 6202 Suburbon Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  443X				INTERVAL BETWEEN ONSET AND DEATH  unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>October 1, 1950, to March 1, 1951</b> , that I last saw the deceased alive on <b>Feb. 28, 1950</b> , and that death occurred at <b>2 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. J. Birks, M.D.</b>		23b. ADDRESS <b>2746 1/2 Franklin</b>		23c. DATE SIGNED <b>March 2, 1951</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-8-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Wood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL <b>MAR 7 1950</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Double</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Peoples Und. Co. 3100 Franklin Ave.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Getie L. Petrus*

Licensed Embalmer No. *4184*

P. O. Address *St. Louis, Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.